

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SMC	59	9/21/00
O.I.P.E. CLASSIFIER		930	
FORMALITY REVIEW	FH	JC856	10-26-00
RESPONSE FORMALITY REVIEW	M-H	625	06-29-01

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet(s) here

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